# FMEA: Medication Reconciliation Process

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# Overview

- Gap Analysis: Ambulatory Setting
- Gap Analysis: Inpatient Setting
- Gap Analysis: Overall Facility
- CHCS Medication Reconciliation Functions
- ED Medication List, Nursing List, Pharmacy Note

# Gap Analysis: Ambulatory Setting

- Barriers exist in identifying non-formulary medications taken by patients from outside providers and pharmacies.
- Providers have limited access to PDTS medication information.
- Providers may not be able to identify medications purchased at non-TRICARE pharmacies.
- Need to identify medications received from external facilities at time of in-processing.
- Master problem list may not accurately reflect conditions for which medications are necessary.
- Chronic medications may not be consistently documented.
- Acute medications may be recorded on list.
- Policy is not clear as to who is responsible for updating medication list in CHCS.
- Lack of continuity between departments when recording medications.
- Impact of CHCS II on medication reconciliation is not known.
- Convenience files may not be consistent with actual medical records.
- Need to identify consistent assessment techniques to identify current medications.
- Lack of documented training to ensure continuity in assessment of medications.
- Policy does not address communication of medication information between providers, nursing an ancillary staff.
- Policy does not address how recreational drug use is assessed.

# Gap Analysis: Inpatient Setting

- Outpatient medication not consistently transferred to Inpatient staff.
- Medication information collected by pharmacy not documented in chart.
- Not clear if 684-R Pre-admission list is completed for all patients.
- Inconsistent use of PDTS medication history.
- Only medications dispensed at discharge are recorded in record.
- Complete medication list not being provided to patient and provider at discharge.
- Consider transfer of medication list inter-departmentally.
- Need to auto populate 558 with CHCS PDTS drug information.

# Gap Analysis: Overall Facility

- Lack of clear policy identifying who is responsible for screening and documenting medication information.
- Policy does not identify documents routinely used in medication reconciliation.
- MEDCOM has not released approved medication reconciliation form.
- KACH's policies may not be consistent with MEDCOM.

# CHCS Medication Reconciliation Functions

- Adhoc Function from Navy
- IMO uploading into CHCS
- Provides 4 functions
- Used for admission, transfer and discharge

# ED Medication List, Nursing List, Pharmacy Note

- ED uses auto-populated SF558
- Nursing generates CHCS list
- Pharmacy updates CHCS list and provides reconciliation progress note

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